



VT Form <b style="font-size: 1.2em;">WHT-436	<b style="font-size: 1.1em;">QUARTERLY WITHHOLDING RECONCILIATION and HEALTH CARE CONTRIBUTION
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Business Name			Federal ID Number		
Address			Vermont Account ID		
City	State	ZIP Code	For Department Use Only		
Foreign Country (if not United States)					
Reporting Period - Check only ONE. If due date falls on a weekend or holiday, return is due the next business day.					Year being reported (YYYY)
<input type="checkbox"/> JAN - MAR (due Apr. 25)		<input type="checkbox"/> APR - JUN (due Jul. 25)		<input type="checkbox"/> JUL - SEP (due Oct. 25)	
			<input type="checkbox"/> OCT - DEC (due Jan. 25)		

- A. Number of full-time employees as of the last day of this quarter... **A.** _____
- B. Number of part-time employees as of the last day of this quarter... **B.** _____
- C. Check here if this is an AMENDED return. **C.**

PART I WAGE WITHHOLDING

1. Total Vermont wages paid this quarter **1.** _____
2. Total Vermont tax withheld from wages this quarter. **2.** _____

PART II NONWAGE WITHHOLDING

3. Total nonwage payments subject to withholding
 this quarter **3.** _____
4. Total Vermont tax withheld from nonwage payments this quarter **4.** _____
5. **Total Vermont tax withheld this quarter** (Add Lines 2 and 4) **5.** _____

PART III HEALTH CARE CONTRIBUTIONS

Check here to certify that no Healthcare Contribution is due.

6. Adjusted Uncovered FTE (from worksheet, Line D) . **6.** _____
7. Total Health Care Contributions Due (from worksheet, Line E). **7.** _____

PART IV BALANCE

8. Total due (Add Lines 5 and 7) **8.** _____
9. Vermont withholding tax already paid this quarter **9.** _____
10. **Refund** (if Line 9 is greater than Line 8, subtract Line 8 from Line 9) **10.** _____
11. **TOTAL Withholding Tax and Health Care Contributions Due**
 (if Line 8 is greater than Line 9, subtract Line 9 from Line 8) **11.** _____

PART V SIGNATURE

I hereby certify that I have examined this return and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Officer or Authorized Agent _____ Date _____ Title _____ Telephone Number _____	Preparer's Signature _____ Date _____ Firm's name (or yours, if self-employed) and address _____
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<input type="checkbox"/> Check here if authorizing the VT Department of Taxes to discuss this return and attachments with your preparer.	Preparer's Telephone Number _____	Preparer's PTIN or EIN _____
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